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An

Inaugural Dissertation

On

Cynanche Trachealis

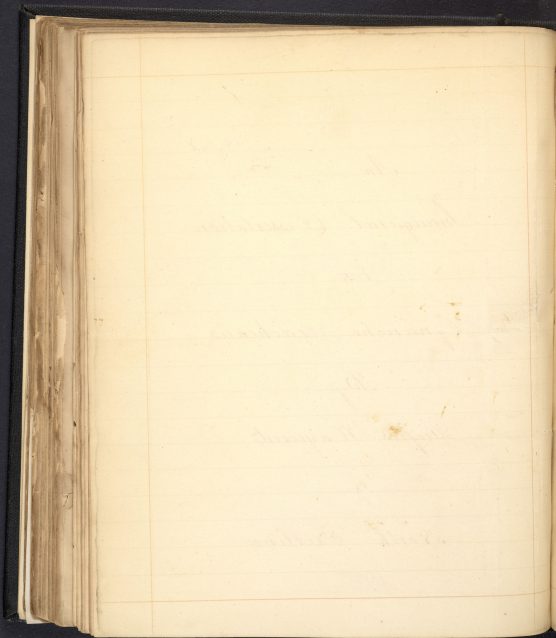
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Esq.

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1825-

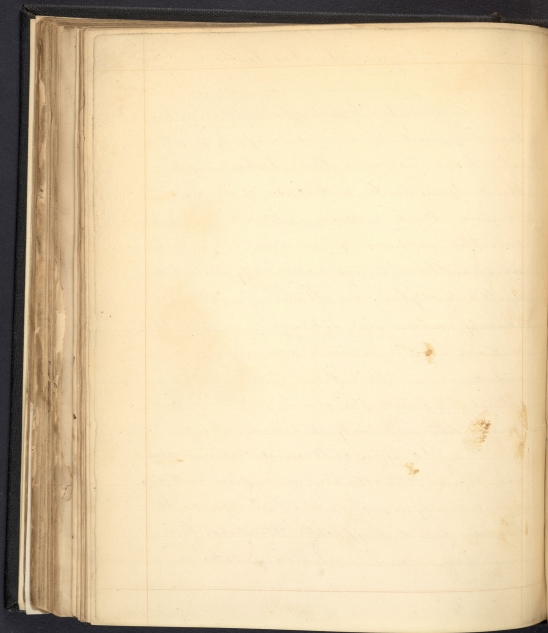


Cynanche Trachealis

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The *Cynanche Trachealis* or Croup, has been supposed by a vast majority of authors who have bestowed their talents upon the subject, to be a disease of modern origin. But a more extensive research into the archives of medical science has revealed, that it was accurately described by *Martino Lysis*, an Italian practitioner as early as the year 1749; and in 1765 the medical world received a more extensive and minute detail from *Doctor Hume*, whilst he filled the chair of *Materna Medicina* in the University of Edinburgh.

To this, as to most diseases which have excited the attention of medical authority, a great variety of names has been applied. It has been called *suffocatio Stridula*, *Cynanche Laryngea*, *Mortus Strangulatorius*,

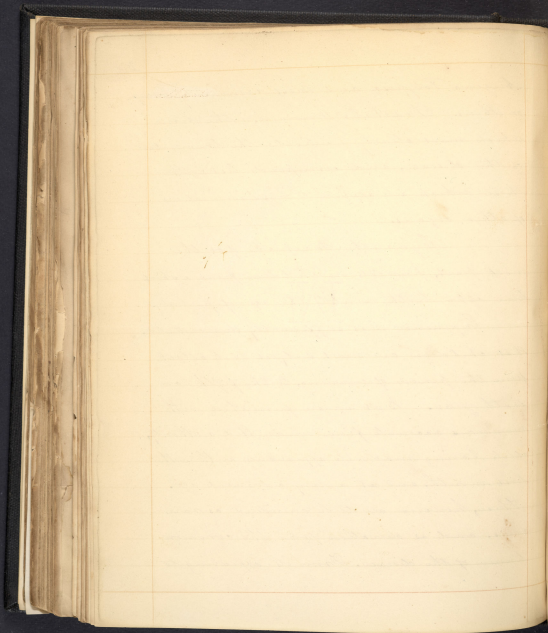


Angina Polypnea and most commonly Group
or Hems. Tracheitis, however, is the term
which most clearly indicates the true nature
of the disease, and corresponds best with
those which are applied to inflammations
of other organs.

Cynanche Trachealis for the
most part, prevails in children from a short
time after birth until the age of puberty.

Expériences has sufficiently demonstrated,
that children are most subject to its attack
from the period of weaning, to the fifth or
sixth year. But we are furnished with
numerous accounts from undoubted authority,
of its having made its appearance within the
first month, and at a very advanced age.

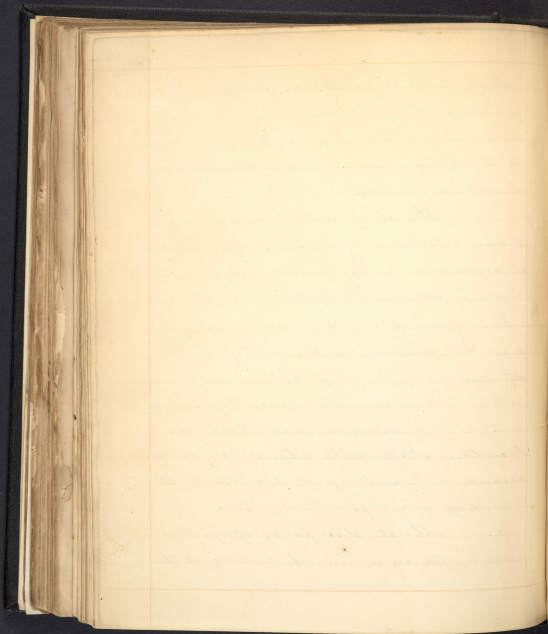
These, however, are to be considered as rare
cases, and as deviations from the common
tenor of the disease. From its appearing to



attack itself to particular families, and selecting for its attack the most robust and ruddy children, many have been led to the belief that it was a disease of a hereditary nature.

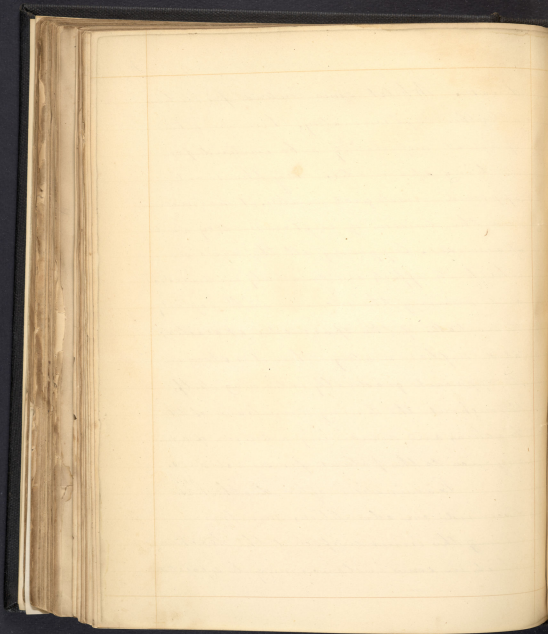
The chief exciting causes of this disease are: Cold and Dampness. It makes its appearance in the greatest majority of instances, after sudden changes in the weather, and in situations most exposed to the sea. Underwood, in his treatise on the disease of women and children, has suggested with considerable plausibility, the idea of its being induced in many instances by certain states of the alimentary canal, occasioned by a change of diet from milk to food of more difficult digestion.

Much discrepancy of opinion has prevailed concerning the pathology of this



disease. Whilst some contend for its being altogether inflammatory, there are others of equal respectability who contend for its being spasmodic. By the most approved medical writers, it has been made the division of inflammatory and spasmodic. Supposing all the cases in which its effects are suddenly induced, and running their course with rapidity to partake of the spasmodic character; and inflammatory when it is slow in its approach gradually extending itself throughout the lining membrane of the Trachea, and remaining a source of annoyance to the patient for several days.

Examinations after death have discovered an adventitious membrane lining the inner surface of the trachea, which in some instances may be separated

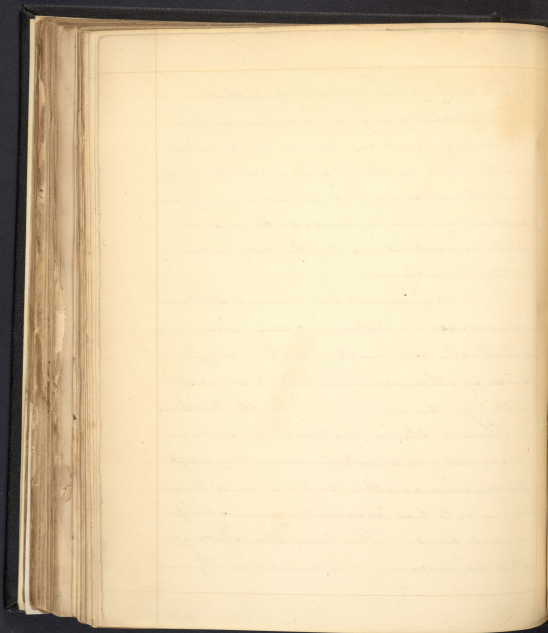


from it, without destroying its shape.

On detaching it from its adhesions, and removing it, no appearance of ulceration on the coats of the Trachea and bronchia are to be detected; but the signs of inflammation are very evident, and in some instances extending to the very extremity of the bronchia.

This membrane presents different appearances in different cases. Sometimes, Michaelis observes, it is as thin as paper and at other so thick that it almost fills up the whole cavity of the trachea.

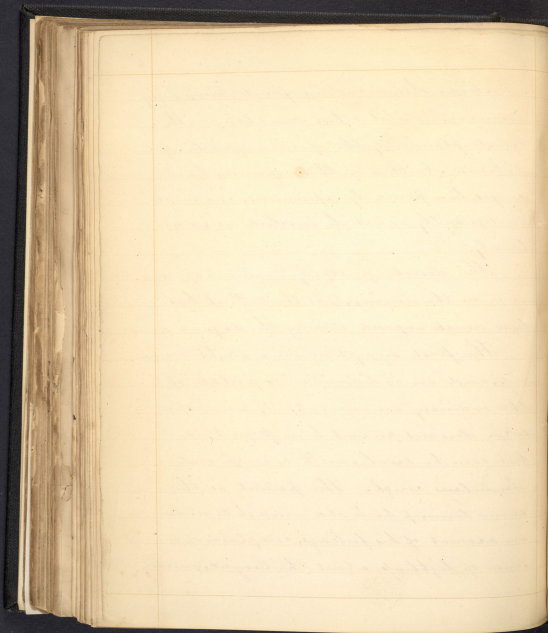
There is also a material variation in its consistence, sometimes presenting a soft pulp, and at other so firm and tenacious as to bear maceration in water for several days. The true structure of this membrane is not as yet correctly un-



- directed. Some contend for its being highly vascular; whilst others maintain with equal plausibility the opinion of its being pituitous. Neither of these opinions have as yet been proved by experiment, and must consequently as yet be involved in uncertainty.

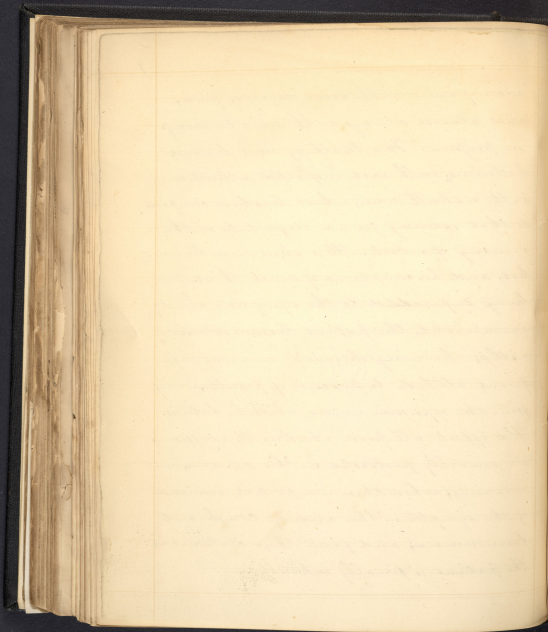
The disease generally makes its appearance in the evening, after the patient has been much exposed during the day.

The first symptoms are a slight hoarseness, and an indisposition to partake of the ordinary amusements. This indisposition does not prevent him from sleep, but soon he awakes with a rough and stridulous cough. The patient at the same time, if he is old enough to render an account of his feelings, complains of a sense of tightness about the larynx, generally

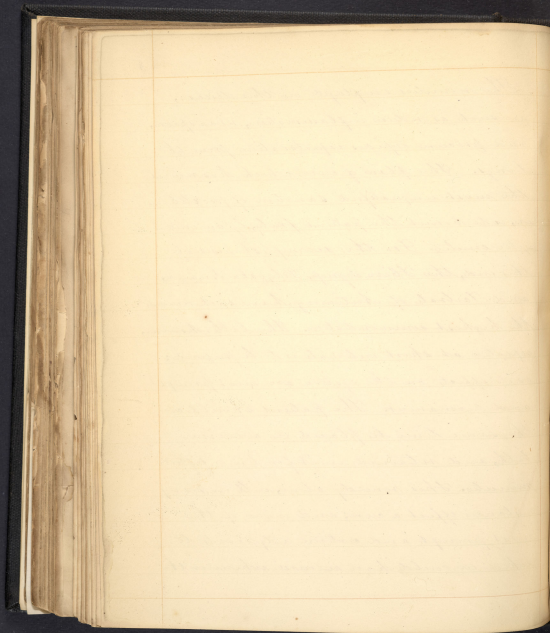


accompanied with some degree of pain,
and almost always with some tenderness
on pressure. His breathing now becomes
laborious, with each inspiration attended
with a shrill noise, which has been compared
to that issuing from a broken tube or the
crowing of a cock. His skin now becomes
hot, and he complains of much thirst. Fever
being superadded to the symptoms already
enumerated, the patient becomes extremely
restless; throwing himself in every dif-
ferent attitude to procure if possible, a relief
from the oppression under which he labours.

His efforts all prove abortive. His sufferings
are generally protracted in this manner, until
morning; when there is a partial remission
of the symptoms. The anxiety, cough and
fever remain; and from their continuance
the patient is finally exhausted.



The remedies employed in this disease, are such as induce inflammation, relax spasm, and procure copious expectorations from the lungs. The plan of cure which has secured the most unqualified sanction of practitioners, is to treat the patient freely by an emetic. For the accomplishment of this end, the Ilicir Symp, Polygala Senaga, and Tartrate of Antimony, have each received the highest commendation. The latter however, repeated at short intervals is to be preferred; as its effects on the system are most prompt and permanent. The patient should at the same time be placed in a warm bath, and retained in it for ten or fifteen minutes. This remedy alone, will in many instances effect a cure; and is one of the most prompt and certain adjuvants to which we could have recourse, when in the

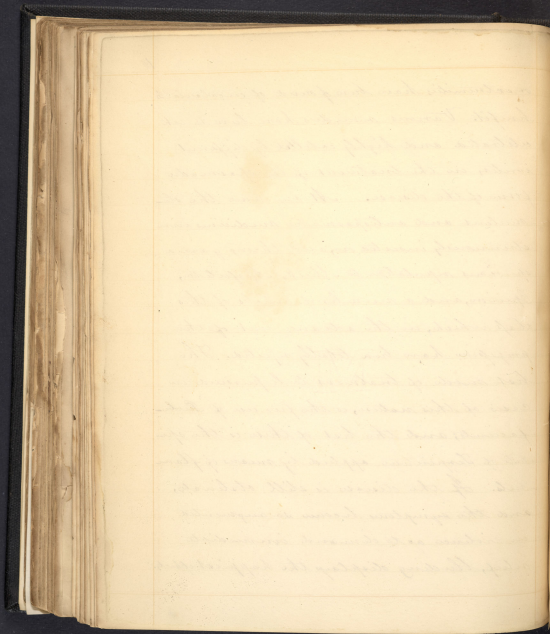


system displays its insusceptibility, to the action of our remedies.

If the Emetic fails to produce its operation on the system, or falls short of the curative effects, which we had anticipated, we are to have immediate recourse to the copious use of the Linctus to be assisted by a repetition of the warm bath and Emetic. Three remedies in a majority of cases, will bring about a favourable solution of the disease. But that there are instances of the disease which have withstood the action of these several remedies with little or no abatement, we have the most undoubted testimony. Under these circumstances, topical depletion by Leeches or Cups, are eminently useful and should never be neglected.

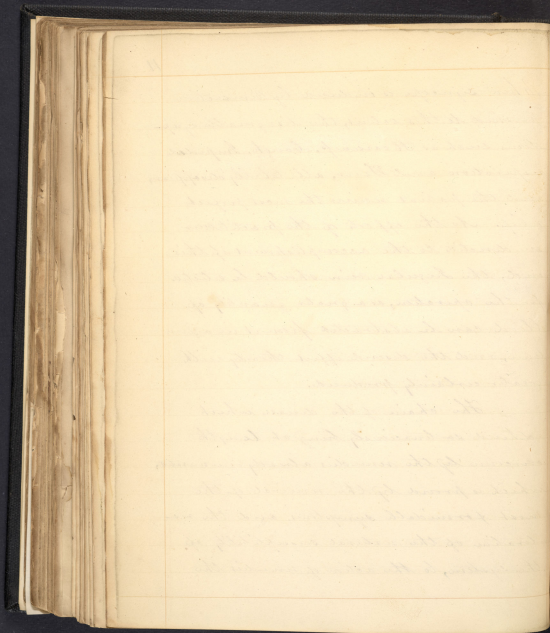
After the inflammation is subdued, blisters or Sinapisms applied either to the throat

or extremities have been found of incalculable
 benefit. Various remedies have been much
 celebrated and highly extolled by different
 writers in the treatment of the spasmodic
 form of the disease. At one time the st-
 mulent and antispasmodic medicines were
 strenuously insisted on, and thereby gave a
 spurious reputation to Nuxia, Asafoetida,
 Opium, and a number of articles of this
 class which, in the advancement of the
 profession have been totally rejected. The
 best mode of treatment to be pursued in
 cases of this nature, is the free use of Rebu-
 facients; and the best of these is the spi-
 -rits of Serpentina applied by means of flam-
 -mels. If the disease is still obstinate,
 and the symptoms become so augmented
 in violence as to demand immediate
 relief, bleeding displays the happiest effects.



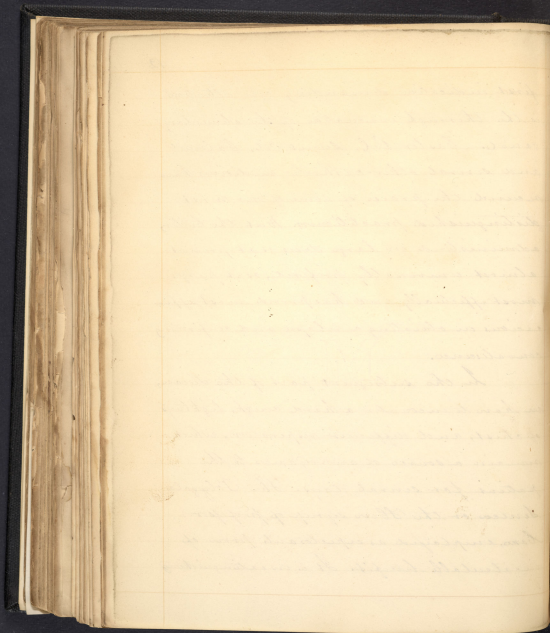
When syncope is induced by venesection pushed to this extent, the disagreeable symptoms such as Hæmorrhage, Cough, Impeded respiration and Fever, all totally disappear, and the patient receives the most perfect relief. As the efforts of the practitioner are directed to the accomplishment of this end, the Jugular vein should be selected for the operation, as a greater quantity of blood can be abstracted from it in a given time, and the desired effect thereby with greater certainty produced.

The chain of the disease which adheres so tenaciously, being at length overcome by the remedies already enumerated, which is proved by the removal of the most formidable symptoms, and the restoration of the natural susceptibility of the system, to the action of remedies the



first indication demanding our attention is the thorough evacuation of the alimentary canal. Castor Oil, Sweet Oil, Balsam and several other cathartic medicines have received the praise of some of our most distinguished practitioners. But the latter, administered in large doses is at present almost universally preferred, as it purges most effectually and has proved most efficacious in obviating a relapse and confirming convalescence.

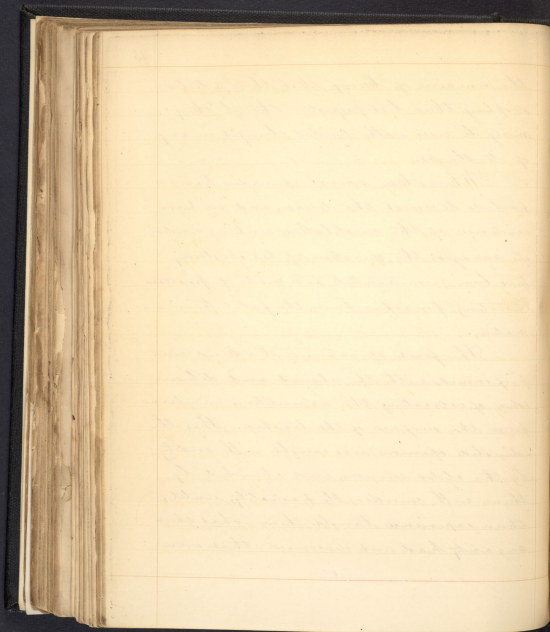
In the subsequent part of the disease, we have to encounter a hard cough, tightness of chest, and difficult respiration, which remain a source of annoyance to the patient for several days. The Polygala Seneca or the Hiver syrup of professor Boerhaave, employed as expectorants prove of incalculable benefit. It is in extinguishing



the remains of Group, that these articles display their best properties though they may be used with decided benefit, in any of its stages.

When these several remedies have failed to arrest the disease, and we have evidence of the constitution sinking under its ravages: the operation of tracheotomy has been recommended as a mode of procuring for a few hours, the fatal termination.

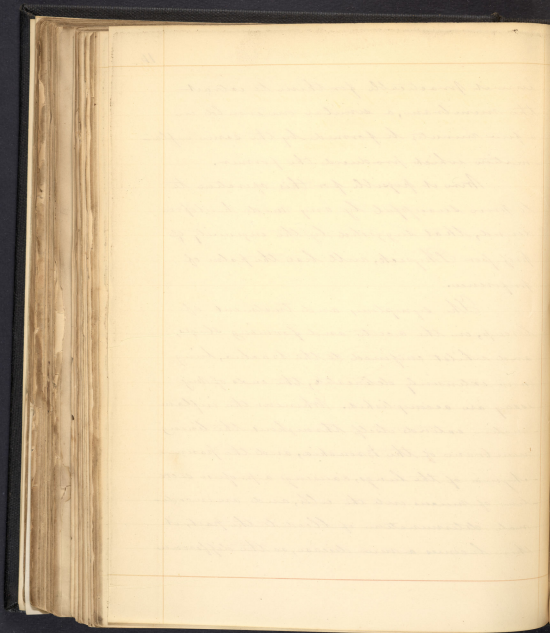
The first operations of this kind were performed with the absurd and delusive idea of extracting the adenoid membrane from the surface of the trachea. This ill-digested opinion was caught with avidity by the older surgeons, and cherished by them with considerable partiality, until, their experience taught them what their sagacity had not discovered, that even



now it practicable for them to extract the membrane, a similar one would in a few minutes be formed by the same inflammation which produced the former.

Now it possible for this operation to be proved successful by any mode hitherto devised, that suggested by the ingenuity of professor Physics, will bear the palm of preference.

The symptoms and treatment of Croup, in the acute and forming stages, and whilst confined to the trachea, being now extensively delineated, the ends of my essay are accomplished. Whenever the inflammation extends itself throughout the lining membrane of the bronchia, and the peripneumonia of the lungs, causing a profuse secretion of mucus into the cells, and an inordinate determination of blood to the part, it then becomes a new disease, as the difference



of symptoms simplify, and demands a
new course of treatment.

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